



United States  
Department of  
Agriculture

Animal and  
Plant Health  
Inspection  
Service

Policy and Program Development  
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*T 013795-001*

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PERMANENT  
Retire 03/08

March 3, 2003

Document Processing Desk [6(a)(2)]  
Office of Pesticide Programs (7504C)  
U.S. Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Avenue, N.W.  
Washington, DC 20460-0001

ATTN: Norman Spurling

SUBJECT: **FIFRA, Section 6(a)(2) report; single adverse effects incident**

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period of September 1, 2002 through November 31, 2002:

EPA Reg. No. 56228-15  
Active Ingredient:  
Sodium Cyanide

M-44 Cyanide Capsules  
CAS No. 143-33-9

Incident Category  
H-D

No. of Incidents  
1

Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail [kenneth.dial@aphis.usda.gov](mailto:kenneth.dial@aphis.usda.gov).

Sincerely,

Carl Bausch  
Deputy Director, Environmental Services  
Policy and Program Development

Enclosure



APHIS- Protecting American Agriculture

An Equal Opportunity Employer

*ISB recd 3/11/03*

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

**6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT**

INCIDENT CODE  H-D Human Minor	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT  11-4-02	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 11-4-02 <input type="checkbox"/> Update	Date of last submission		
EMPLOYEE NAME (To contact for additional information)  7		TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)  N/A	TELEPHONE NUMBER
DUTY STATION ADDRESS			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE	COUNTY	<input type="checkbox"/> Self <input checked="" type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

Drift

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]  Rangeland/Pasture on private property	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]  Intentional tampering by unauthorized individual
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EPA REGISTRATION NUMBER  56228-15	PRODUCT NAME  M-44	ACTIVE INGREDIENT  Sodium Cyanide
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)  N/A	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes    ☒ No    No misuse by WS applicator

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

A nearby propertyowner, observed WS checking his M-44 units on the Ranch. Without permission to be on the Ranch, she entered the property and located an M-44 unit. The M-44 unit was approximately 1/2 mile from her property. With latex gloves on her hands, she placed a plastic garbage bag over the M-44 unit and attempted to remove the baited top, the unit discharged into the bag. She stated that a vapor drifted out of the bag and she felt a slight burning to her eyes and her respiration rate increased. The duration of the symptoms was short. She drove to Hospital at least 40 miles away after hiking out of the pasture. She acknowledged seeing the warning sign and knew that she was tampering intentionally.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

# HUMAN INCIDENT - SUPPLEMENTAL REPORT

## ROUTE OF EXPOSURE

☐ Oral ☒ Respiratory ☒ Eye ☐ Skin

## ES USE ONLY

REPORT NUMBER

## DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS:

Increased respiratory rate and slight burning sensation to eyes at the site of the M-44. Duration was short. Admitted she became very excited when she realized that the unit discharged. No symptoms at the medical facility, no antidote administered.

## IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (If available, attach copies):

No report of any test being performed at hospital.

TIME BETWEEN EXPOSURE AND ONSET OF SYMPTOMS	WAS ADVERSE EFFECT THE RESULT OF	TYPE OF MEDICAL CARE SOUGHT
immediately	Suicide/homicide <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Attempted Suicide/homicide <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## DEMOGRAPHICS

Sex <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Age UNK.	If female, pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No UNK	Occupation UNK
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## EXPOSURE DATA

Amount of Pesticide 1 capsule/0.8g	Duration of Exposure seconds	Weight of Victim UNK	Was the exposure occupational <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If "Yes", work days lost to illness related to exposure
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## WERE PERSONAL PROTECTIVE EQUIPMENT WORN (If yes, describe)

☐ Yes ☒ No

## ADDITIONAL FACTORS

The individual that was exposed intentionally tampered with the M-44 unit and caused it to discharge as she attempted to remove it from the area. She acknowledged seeing and ignoring the posted warning signs.

NAME OF PREPARER	SIGNATURE	DATE
NAME OF SUPERVISOR	SIGNATURE	DATE